

18-

DOC # 0644006  
05/10/2005 01:37 PM Deputy: PK  
**OFFICIAL RECORD**  
Requested By:  
JACK SHEEHAN

Douglas County - NV  
Werner Christen - Recorder  
Page: 1 Of 5 Fee: 18.00  
BK-0505 PG-04146 RPTT: 0.00



APN #  
1319-10-101-007

Recording Requested By:

Name: JACK SHEEHAN, ESQ.  
P.O. Box 1599  
Minden, Nevada 89423

When recorded mail to:

✓ Ms. Patricia L. Neales  
P.O. Box 233  
Genoa, Nevada 89411

AFFIDAVIT DEATH OF A JOINT TENANT

**AFFIDAVIT-DEATH OF A JOINT TENANT**

STATE OF NEVADA        )  
  : ss.  
COUNTY OF DOUGLAS    )

I, PATRICIA L. NEALES, of legal age, being duly sworn, deposes and says that WILLIAM KORTRIGHT NEALES JR., the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as WILLIAM K. NEALES named as one of the parties in that certain Grant, Bargain and Sale Deed recorded June 28, 1999, executed by SHIRLEY J. SMITH, an unmarried woman and CONNIE THOMAS, an unmarried woman, to WILLIAM K. NEALES AND PATRICIA L. NEALES, husband and wife as joint tenants with right of survivorship recorded as instrument number 0471237, on June 17, 1999 in Book 0699, Page 5770, of Official Records of Douglas County, Nevada, covering the following described property:

SEE EXHIBIT "A" ATTACHED

APN #: 17-072-19

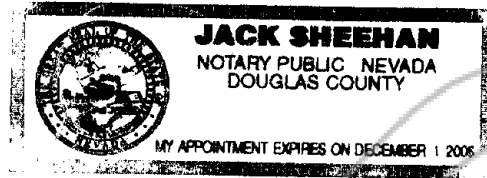
DATED this 14 day of April, 2005.

Patricia L Neales  
PATRICIA L. NEALES

SUBSCRIBED and SWORN to before me

this 14 day of April, 2005.

*Jack Sheehan*  
NOTARY PUBLIC



WHEN RECORDED MAIL TO:

PATRICIA NEALES  
P.O. Box 233  
Genoa, Nevada 89411

EXHIBIT "A"  
LEGAL DESCRIPTION

The land referred to herein is situated in the State of Nevada,  
County of Douglas, described as follows:

A parcel of land situated in and being a portion of the  
Northeast 1/4 of the Northeast 1/4 of Section 9, and the  
Northwest 1/4 of the Northwest 1/4 of Section 10, all in  
Township 13 North, Range 19 East, M.D.B. & M., described as  
follows:

Parcel 2 as set forth on that certain Parcel Map for Dan  
Hickey, filed for record in the office of the County Recorder  
of Douglas County, State of Nevada on August 29, 1989, in Book  
889, Page 4299, as Document No. 209745.

APN 17-072-19

RECORDED BY  
STEWART TITTE of DOUGLAS COUNTY  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

'99 JAN 28 P4:00

DOUGLAS COUNTY  
RECORDER  
PAIGE DEPUTY

0471237  
BK0699PG5771



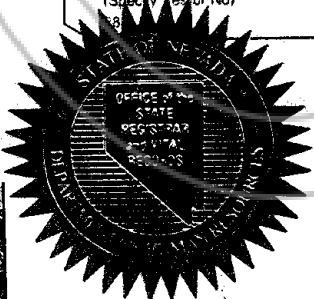
BK- 0505  
PG- 4149

# STATE OF NEVADA

## DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

### STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER	DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER	COUNTY OF DEATH
	1. William Kortright NEALES Jr.	2. February 4, 2001		3a. Carson City		
DECEDENT	3b. Carson City	3c. Carson Tahoe Hospital		3e. Inpatient	4. Male	
	RACE—(e.g., White, Black, American Indian, etc.) (Specify)	5. White	6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no if yes. specify Mexican, Cuban, Puerto Rican, etc.	7a. 63	7b. 060	7c. 060
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. California	9b. U.S.A.	10. 14	11. Married	12. Pat Hokanson	
	13. -3016	14a. Foreman	14b. Insulation Industry			
PARENTS	15a. Nevada	15b. Douglas	15c. Genoa	15d. Centennial Street	15e. Yes	
	16. William Kortright Neales	17. Dorothy Rial				
DISPOSITION	18a. Patricia Neales	18b. 200 Centennial Street, Genoa, Nevada 89411		19c. Carson City, Nevada		
	19a. Cremation	19b. Walton's Sierra Crematory		19c. Carson City, Nevada		
CERTIFIER	20a. Jimmy Burns	20b. 9	20c. 1281 N. Rook Street, Carson City, Nevada 89706			
	21a. (Signature and Title)	21b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	21c. 1306	22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated.		22b. (Signature and Title) Ruth Beseler 9307
CAUSE OF DEATH	21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)	23a. RUTH BESELER, DEPT. 901 E. MUSSER, CARSON CITY, NV 89701		23b. 9307		
	24a. (Signature) Vera R. Kacherny	24b. Feb. 9, 2001	24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		24d. DEATH DUE TO COMMUNICABLE DISEASE	
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death			
	(a) Cardiac arrest		Interval between onset and death			
CAUSE OF DEATH	(b) Probable acute MI		Interval between onset and death			
	(c)		Interval between onset and death			
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		26. No		27. Yes		
28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo., Day, Yr.)	28c. HOUR OF INJURY	28d. DESCRIBE HOW INJURY OCCURRED		
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE		



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BK- 0505  
PG- 4150  
No. 177213  
STATE REGISTRAR

This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date Issued: FEB 27 2001 State Registrar

*Sylvia*